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Request for Information (RFI)

TO: Interested Parties

FROM: Hunt Blair, Deputy Director for Health Care Reform

DATE: December 6, 2009

RE: Community Summaries to support and inform a Beacon Community Grant Proposal

Last Wednesday, December 2, the Office of the National Coordinator (ONC) released a Funding Opportunity Announcement (FOA) for the Beacon Community Cooperative Agreement Program. The Division of Health Care Reform has issued this RFI seeking input from Vermont providers, institutions, and individuals on a Vermont Beacon Community application. Responses to the RFI must be submitted no later than Friday, December 18 at 7 p.m. (Further details about the format and content begin on page 2.)

Dr. David Blumenthal, the National Coordinator of Health Information Technology (HIT) described ONC's intent: "The Beacon Community Program (BCP) will help to accelerate and demonstrate the ability of health IT to transform local health care systems, and to improve the lives of Americans and the performance of the health care providers who serve them. The Program will take communities at the cutting edge of electronic health record (EHR) adoption and health information exchange and push them to a new level of health care quality and efficiency. The resulting experience will inform efforts throughout the United States to support the meaningful use of EHRs, the primary goal of the Federal Government's new health IT initiative."

"$220M of the funds will support 15 communities, *which are expected to have rates of EHR adoption that are significantly higher than published national estimates*. These communities are best positioned to lead the way in accomplishing meaningful use of EHRs and to provide valuable lessons to other localities on the preferred approaches to elevating the performance of local health systems using health IT. An additional $15 million will subsequently support technical assistance to the communities and an independent evaluation of the program."

Entities eligible to submit proposals include non-profit or state entities falling into following categories: 1.) Government entity with public health focus; 2.) Integrated delivery network or health system with broad community partnerships; 3.) Independent physician association or consortium of medical groups; 4.) Public/private partnership aimed at health system improvement and/or community health improvement; and 5.) Regional Health Information Technology Extension Centers with capacity to expand services.

Based on information provided in the FOA, Vermont's Beacon Community proposal can not be for a statewide "community," despite the fact that Vermont's population is smaller than many counties and the state is a largely homogenous "community." As such, the Division of Health Care Reform plans to submit a

Letter of Intent to pursue this funding opportunity and is looking for information from Vermont providers, institutions, and citizens to help inform our decision about what part of the state to target.
Many of the features of and expectations for the Beacon Community program align well with the Vermont Blueprint for Health, as well as Vermont's vision for extending interoperable connectivity and Health Information Exchange (HIE) to home health and hospice agencies, mental health and substance abuse providers, and long term care providers and facilities, as well as providing connectivity to human and social service agencies and organizations.

As such, the proposal will complement evolving statewide expansion of the Blueprint and HIT-HIE initiatives and bring intensive resources to a focused area of the state. Current Blueprint integrated pilot communities are not likely to be proposed as Beacon Communities. While they may meet many of the criteria, this funding source provides an opportunity to expand Blueprint activities into new regions beyond the Integrated Pilots, but this RFI provides current Blueprint Integrated Pilot communities with the opportunity to make the case for their inclusion in Vermont's Beacon Community proposal.

Based upon the information submitted through this RFI process, two or more contiguous Hospital Service Areas will be proposed as *a* Beacon Community, enabling more aggressive "Blueprint readiness" and delivery system integration than current funding streams will allow. ONC, under the authority provided in Section 3011 of the HITECH Act, will provide resources not currently available elsewhere through ONC or CMS funding, for installation of HIT infrastructure in settings such as long term care, mental health and substance abuse services, and home health, but minimum level EHR adoption is required: FOA pages 27 -28.

Other details from the FOA:
- 15 awards; average $15m; range $10m - $20m
- 36 month project with NO state match
- Timeline:
    1. Letter of Intent Jan 8;
    2. Application Feb 1;
    3. Award: month of March;
    4. Start Project April 1
- Preference to projects coordinated with existing HIE, RHITEC, V.A. Virtual Lifetime Electronic Record System (VLER) or similar projects

The full FOA is posted here:
http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_909394_0_0_18/FOA_Beacon_Communities_120209.doc

Communities interested in being considered for inclusion in a Vermont Beacon Community proposal to ONC are invited to review the application guidance (in particular pages 7 – 21) and submit a short (2 to 5 page) Community Summary of the contributions and strengths the community would bring to the state's proposal, addressing specific application scoring criteria listed on pages 27 – 28 and 39 – 45. Please include an inventory of EHR adoption in the community based on existing, installed EHR systems. If EHR purchasing decisions have been made as of December 18, 2009, or if EHR systems are funded but not fully implemented, include those in the inventory. Describe your communities plans to connect to and use the Vermont HIE network (VHIEN) managed by VITL. Advanced use of health information exchange is an important component of the Beacon Communities and Blueprint support.

Community Summaries must demonstrate explicit commitments among the community's providers, organizations, institutions, and community leaders along the full continuum of care to meet the goals and objectives of the Beacon Community program, including evaluation, measurement, and integration of community public health. Letters of Commitment or other documentation may be included but are not required at this phase of proposal development. All **Community Summaries and supporting documentation must be submitted electronically** to the Division of Health Care Reform (email with attachments to hunt.blair@ahs.state.vt.us) **no later than 7 p.m., Friday, December 18, 2009**. The scheduled December 14 HIT-HIE Stakeholders Meeting will be extended as necessary for discussion of the FOA.

Additional Information on the process: As the FOA notes, a Notice of Proposed Rule Making (NPRM) is expected to be released in December 2009. The NPRM will include important information about the definitions of Meaningful Use and other ARRA Section 4101 and 4201 funding requirements.

The Vermont Beacon Community proposal will integrate the evaluation infrastructure of the Blueprint for Health, including the use of its defined common data elements for electronic transmission of data for reporting purposes. All indications are that the Blueprint data sets will align with the Meaningful Use criteria anticipated in the NPRM.

Based on the additional criteria and expectations articulated in the NPRM, along with the Community summaries and other documentation submitted to the Division, a Letter of Intent will be prepared for submission to ONC by the January 8, 2010 deadline. The full proposal will be completed in the following three weeks to meet the February 1, 2010 application submission deadline.

An Additional Factor: It is very likely that Medicare will be releasing its Multi-Payer Advanced Primary Care Practice Demonstration (MAPCP) application (see attached slide set and this web site for additional information http://www.healthreform.gov/newsroom/factsheet/medicalhomes.html) in the same time frame, and it will likely require a similarly rapid response.

The State anticipates submitting a MAPCP Demonstration proposal to enhance and expand the Blueprint for Health Integrated Pilots. The inter-relationship between the CMS opportunity and the ONC FOA is not yet known, but the guiding principal remains the same: maximizing and leveraging funding streams to enhance and support expansion of the Blueprint and HIT-HIE initiatives across the state as rapidly as practical.

In summary, this means Vermont is positioned to expand both the Blueprint beyond its current Integrated Pilot communities and the HIT-HIE initiatives beyond the already HIT-HIE initiatives expected to be funded through previously announced ONC and CMS funding streams. At this stage, it is impossible to say precisely what the best combination of communities and programs is to maximize these opportunities, but the Division of Health Care Reform and Blueprint leadership invite Vermonters to suggest potential strategic and tactical approaches to these opportunities through this RFI process.